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April 21, 2011

### VIA ECFS

Marlene H. Dortch Secretary Federal Communications Commission 445 Twelfth Street, S.W. Washington, DC 20554

Dear Ms. Dortch:

Re: Notice of Ex Parte Communication, WC Docket No. 07-271

In the Matter of The United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration Petition for Permanent Reassignment of Three Toll Free Suicide Prevention Hotline Numbers, in Toll Free Service Access Codes

HHS filed a notice of Ex Parte Communication following a telephone meeting that took place on April 18, 2011, at the request of Federal Communications Commission (FCC) staff. The information which follows responds to the questions posed by the FCC during that meeting.

Pursuant to Section 1.1206(b)(2) of the FCC's rules, an electronic copy of this letter is being filed for inclusion in the above-referenced docket. Please direct any questions regarding this filing to our office.

Sincerely,

Rina Hakimian Senior Attorney

<sup>&</sup>lt;sup>1</sup> See letter from U.S. Department of Health and Human Services to Marlene H. Dortch, Secretary, FCC, WC Docket No. 07-271(filed April 18, 2011).

### HHS RESPONSES TO FCC QUESTIONS

# SAMHSA PETITION FOR PERMANENT REASSIGNMENT OF THREE TOLL-FREE SUICIDE PREVENTION HOTLINE NUMBERS

# 1. How did SAMHSA learn that the toll-free number 1-800-SUICIDA controlled by KBHC was not being used as a Suicide Prevention Hotline?

Response provided by Eileen Zeller – Center for Mental Health Services, SAMHSA:

On January 24, I received a call from a member of the suicide prevention community who asked me if I was aware that 1-800-SUICIDA was not working. I called the number and heard the recording that I attested to in my previous affidavit. I called back several times in quick succession so that I could copy down the recording verbatim. I then called back periodically over the coming weeks to monitor the situation and see whether anything had changed. I also called the 800-vanities number and left a message (according to the instructions in the recording), but did not receive a return call.

The situation was discussed internally at SAMHSA, however, it never occurred to any of us that KBHC could be unaware of the situation. SAMHSA supports the National Suicide Prevention Lifeline (the "Lifeline") a network comprised of several national toll-free hotline numbers. The Lifeline is operated by a SAMHSA grantee, Link2Health Solutions, Inc., which maintains several redundant mechanisms to monitor the system's technical issues and connectivity. None of us considered that KBHC would not have a quality control mechanism in place that would alert them to the fact that their major suicide prevention line (advertised on their website) was no longer working.

# 2. Why did HHS notify the FCC on March 1?

HHS/OGC was advised by SAMHSA staff that the number 1-800-SUICIDA was not working sometime after they learned of the problem in late January. Since the number was not part of the pending legal proceeding before the FCC, HHS did not include information about 1-800-SUICIDA in the written submissions filed with the FCC on February 28, 2011. Furthermore, while SAMHSA staff were concerned that the KBHC line was not working as a suicide prevention hotline number, no one considered that KBHC could be unaware of the situation.

However, after reviewing KBHC's comments filed with the FCC, and noting that KBHC continued to highlight its service to callers on that hotline (1-800-SUICIDA) even as late as February 28, 2011, SAMHSA became increasingly concerned about KBHC's assertions regarding call volume and utilization of that line. Therefore, SAMHSA raised the concern in a meeting with FCC staff the next day, March 1, 2011.

# 3. What do we believe a reasonably prudent entity should have done to maintain the line?

Since 2005, when the SAMHSA-supported Lifeline was established, the Lifeline staff have reviewed connectivity reports daily for all of their hotlines to ensure that calls are being answered properly. Additional information regarding reasonable actions taken to ensure connectivity, quality, and safety are set forth below.

# (a) Technology problem/failure

The Lifeline's RespOrg, Patriot Communications, has multiple systems in place in an attempt to prevent any possible system failures. Patriot's enhanced services network is fully redundant in hardware, software and power sources. Its enhanced services network switches are equipped to handle approximately 250,000 inbound telephone calls per hour and is designed to seamlessly respond to disaster conditions. Network nodes are strategically located in different regions of the United States to complete dynamic redundancies. All data, including caller history and transaction information, is backed-up on and offsite with redundant operating servers. Patriot relies on only top-tier carrier providers with redundant fiber optic routes and switching facilities throughout North America. There are two redundant Enhanced Services Network platforms operated by Patriot located in different parts of the country. Furthermore, Patriot has carrier redundancy at both network site facilities.

Preventing any possible network failures from occurring is just as important as maintaining systems to quickly detect and correct any possible problems, since it impossible to foresee and prevent all potential problems, especially given the multiple components that go into running a toll-free hotline system.

Since 2005, the Lifeline has incorporated multiple monitoring and report mechanisms in order to detect any possible network problems. As mentioned in past filings by SAMHSA, and also in Link2Health Solutions' filing of February 28, 2011, Link2Health Solutions has an IT staff of five people who manage the call routing database and monitor caller connectivity to centers, collect and analyze data to track service needs and trends, and provide web-based tools, communications and supports for network centers. Lifeline's IT Director receives daily call volume reports that allow him to quickly detect any system problems. Additionally, since 2008, one full time staff member has been devoted to quality assurance/connectivity checks, including making test calls to centers to ensure that calls are adequately connected and being answered appropriately by the center. The Lifeline also provides all network centers with automated, weekly call volume reports that allow each center to track the number of Lifeline calls that were connected, rang busy or were note answered. And if these multiple, iterative, redundant systems should somehow all simultaneously fail, we trust that—because Lifeline staff maintain ongoing communication with its crisis centers—those crisis centers would call staff to report that one of the Lifeline hotlines was inactive.

# (b) Bill Payment

The Lifeline's Administrative Coordinator receives the bill from the RespOrg on a monthly basis. She promptly reviews each bill and processes it for payment to prevent any possible service interruptions. The project director has carefully tracked call volume trends and patterns and the IT Director continually uses this information to project ongoing telephony costs. These projections have allowed the Lifeline to provide SAMHSA with accurate budget projections, thereby ensuring the project has ample funds allocated to cover these costs.

## (c) Subscriber of Record

Link2Health Solutions is the subscriber of record on behalf of SAMHSA for all toll-free lines that Link2Health Solutions currently operates in support of suicide prevention through its SAMHSA grant, which include 800-273-8255, 888-628-9454 (Lifeline Spanish-language line), and 800-799-4889 (Lifeline TTY Line). This is also currently the case, pending FCC determination of permanent reassignment, for 800-784-2433 (800-SUICIDE), 888-784-2433 (888-SUICIDE), and 877-784-2432 (SUICIDA). As such, Link2Health Solutions is not only able to control the routing of the number, it is able to obtain information, including notifications from the RespOrg, of any problems or failures that may arise.

While it is of great concern that KBHC's suicide prevention hotline 1-800-SUICIDA went down, it is of far greater concern that KBHC was apparently unaware that its primary suicide prevention hotline was not responding to calls for more than 5 weeks. We understand that KBHC has stated that it is now establishing a mechanism to ensure that a disconnection of its suicide hotline does not occur again. The failure to address this problem until now illustrates what SAMHSA has been stating from the beginning: that a service like KBHC's that only routes calls to call centers (and pays the telephone bill) will not be poised to identify or address the technological or human needs of the system in a timely fashion. We are fortunate if there were no tragic consequences this time (we are not aware of any) but we think this is a risk that the public cannot afford to take.